

AS220 Broad Street Studio

HEY ALL. THANKS FOR COMING BY AS220'S BROAD STREET STUDIO.
HERE IS HOW YOU BECOME A MEMBER.



CONFIDENTIALITY AGREEMENT

BROAD STREET STUDIO TAKES YOUR PRIVACY VERY SERIOUSLY, AND THE INFORMATION THAT YOU GIVE US IS STRICTLY CONFIDENTIAL. WE COLLECT THIS INFORMATION TO FULLY UNDERSTAND THE DIVERSE NEEDS AND BACKGROUNDS OF OUR COMMUNITY. THE INFORMATION IS USED TO KEEP US INFORMED ABOUT WHO YOU ARE AND HOW THE STUDIO CAN BEST SERVE YOU. WE PUT IT IN OUR DATABASE, AND IT IS ONLY ACCESSIBLE TO BROAD STREET STUDIO STAFF. IF YOU DON'T FEEL COMFORTABLE ANSWERING ANY OF THESE QUESTIONS...

PLEASE DON'T ANSWER THEM.

Participant Application

TODAYS DATE: _____

YOUR 411

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

MYSPACE OR FACEBOOK NAME:

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

GENDER: M F TRANSGENDER

ETHNICITY: _____

PRIMARY LANGUAGE: _____



PARENT/GUARDIAN INFORMATION

NAME: _____ RELATION TO YOU: _____

PHONE NUMBER: _____

ADDRESS: _____
CITY STATE ZIP

D.C.Y.F.

ARE YOU IN THE CUSTODY OF DCYF? Yes No

IF SO, WHAT IS YOUR CASEWORKER'S NAME? _____

DO YOU CURRENTLY RESIDE IN A DCYF GROUP HOME? Yes No

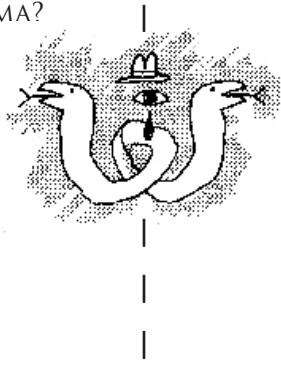
IF SO, WHAT IS THE NAME OF YOUR GROUP HOME? _____

SCHOOL

DO YOU HAVE YOUR HIGH SCHOOL DIPLOMA?

YES

NO



CURRENT SCHOOL OR GED PROGRAM:

ARE YOU CURRENTLY WORKING?

GRADE: _____

OTHER ACTIVITIES/PROJECTS:

WHAT ARE YOUR GOALS FOR THE FUTURE? _____

MEDICAL INFORMATION

DO YOU HAVE ANY ALLERGIES? YES

NO

IF SO, WHAT ARE THEY? _____

DO YOU HAVE A PRIMARY CARE PHYSICIAN?

YES

NO

IF SO, WHAT IS THEIR NAME AND NUMBER? _____

DO YOU HAVE HEALTH INSURANCE? YES

NO

IF SO, WHAT COMPANY IS IT PROVIDED BY? _____

WHAT IS YOUR POLICY NUMBER? _____

TRANSPORTATION

HOW WILL YOU GET TO AS220? _____

DO YOU HAVE A BUS PASS? YES

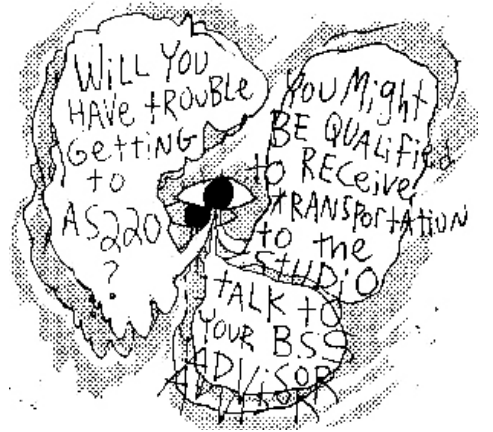
NO

NEED ASSISTANCE WITH TRANSPORTATION?

YES

NO

IF SO, GRAB A REQUEST FORM.



PLEASE CHECK ANY OF THE FOLLOWING THAT MAY APPLY TO YOU:

SPECIAL EDUCATION

IEP

ESL

SPECIAL NEEDS

FREE/REDUCED LUNCH

RECIEVING SSI

HOW DID YOU HEAR ABOUT BROAD STREET STUDIO?

PHOTO/IMAGE RELEASE FORM

AS220 BROAD STREET STUDIO (BSS) IS AN INTENSIVE ARTS EDUCATION PROGRAM DEDICATED TO ASSISTING MEMBERS DEVELOP THEIR ARTISTIC PROFICIENCY, CRITICAL THINKING SKILLS, ENTREPRENEURIAL KNOWLEDGE AND INCREASING THEIR EMPLOYABILITY. WHILE WORKING TOWARD THIS GOAL, PARTICIPANTS (I.E. MEMBERS, VOLUNTEERS, FULL TIME STAFF, ETC.) ARE OFTEN PHOTOGRAPHED, FILMED, VIDEOTAPED, OR OTHERWISE RECORDED TO ILLUSTRATE THE KINDS OF ACTIVITIES TAKING PLACE AT BSS.

_____ MAY BE PHOTOGRAPHED, FILMED, VIDEOTAPED, OR OTHERWISE RECORDED WHILE
PARTICIPANT'S NAME PARTICIPATING IN BSS EVENTS OR WHILE HERE IN BSS'S SPACE AND WE DESIRE PERMISSION TO USE ANY IMAGES OR RECORDING TAKEN TO PROMOTE OUR TRAINING AND EDUCATIONAL PROGRAMS AND OTHER ACTIVITIES. ANY SUCH IMAGE OR RECORDING MAY BE INCLUDED IN SUCH PROMOTIONAL MATERIALS AS BROCHURES, BOOKLETS, VIDEOTAPES, REPORTS, PRESS RELEASES, WEBSITES, ART PIECES, ARTICLES, EXHIBITIONS, AND OTHER SIMILAR EVENTS.

PERMISSION IS GRANTED TO BSS AND ITS AGENTS TO USE ANY IMAGE OR LIKENESS (I.E. VOICE RECORDING) IN WHICH _____ APPEARS AND TO USE AND CITE ANY COMMENT(S), VERBAL OR WRITTEN,
PARTICIPANT'S NAME MADE BY THE UNDERSIGNED ABOUT ANY BSS PROGRAM, AND TO USE MY NAME IN CONNECTION WITH ANY PUBLICATION AND IN SUCH MANNER AS DETERMINED BY BSS.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF GUARDIAN (IF UNDER 18)

DATE

NAME OF GUARDIAN (PRINT)

PARENTAL CONSENT WAIVER FORM

I, THE UNDERSIGNED LEGAL PARENT/GUARDIAN, HEREBY GRANT PERMISSION FOR _____
PARTICIPANT'S NAME
TO PARTICIPATE IN ALL AS220 BROAD STREET STUDIO RELATED PROGRAMS, ACTIVITIES, AND EVENTS. I
RELEASE THE BSS, ITS BOARD OF DIRECTORS, OFFICERS, AGENTS, MEMBERS AND AFFILIATES FROM ANY
AND ALL LIABILITY OR DAMAGES INCLUDING ACCIDENTAL INJURY OR ILLNESS, AND ANY UNFORSEEN
CIRCUMSTANCES ARISING FROM MY CHILD'S PARTICIPATION IN THE PROGRAM.

IN THE EVENT THAT MEDICAL TREATMENT IS REQUIRED, I HEREBY AUTHORIZE BSS OR ITS DESIGNATED
REPRESENTATIVES TO OBTAIN THE NECESSARY MEDICAL TREATMENT FOR MY CHILD. I UNDERSTAND THAT
I AM RESPONSIBLE FOR ANY COSTS INCURRED IN THE TREATMENT OF MY CHILD AND THE BSS, ITS BOARD
OF DIRECTORS, OFFICERS, AGENTS, MEMBERS AND AFFILIATES ARE NOT RESPONSIBLE FOR ANY MEDICAL
COSTS OR CHARGES INCURRED IN THE TREATMENT OF MY CHILD. I UNDERSTAND THAT SHOULD ANY
EMERGENCY PROCEDURE, INCLUDING SURGERY, BE REQUIRED, EVERY EFFORT WILL BE MADE TO CONTACT
ME TO OBTAIN MY REQUEST.

EMERGENCY CONTACT #1: _____

NAME AND RELATION TO YOU: _____

EMERGENCY CONTACT #2: _____

NAME AND RELATION TO YOU: _____

SIGNATURE OF PARTICIPANT

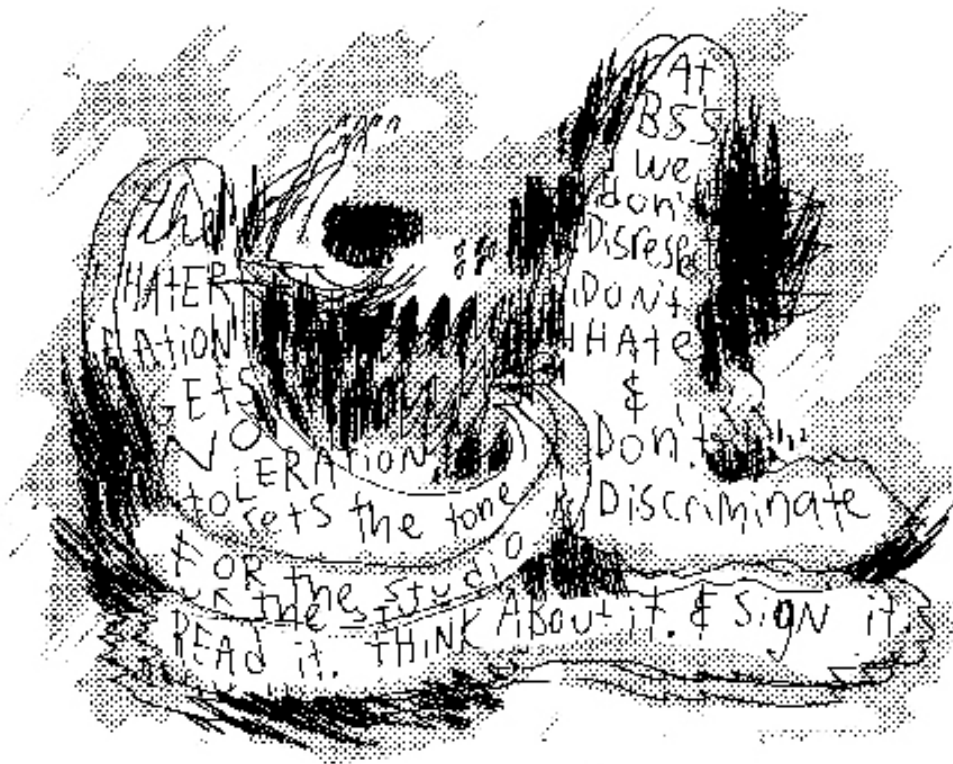
DATE

SIGNATURE OF GUARDIAN

DATE

HATERATION GETS NO TOLERATION

THIS IS AS220 BROAD STREET STUDIO'S COMMITMENT TO RESPECTING AND EMBRACING ALL PEOPLE. BROAD STREET STUDIO IS A SAFE PLACE WHERE NO PERSON OR GROUP SHOULD BE DISCRIMINATED AGAINST FOR ANY REASON NO MATTER WHAT THEY BRING WITH THEM THROUGH OUR DOORS- THIS INCLUDES VARYING RACES, RELIGIONS, GENDER IDENTITIES AND PERSPECTIVES. ALL WILL BE TREATED IN A POSITIVE MANNER.



EVERY MEMBER OF THIS COMMUNITY IS COMMITTED TO BEING RESPECTFUL OF OUR DIVERSITY IN OUR WORDS AND ACTIONS WHILE ENGAGING IN OPEN DIALOGUE ABOUT THESE ISSUES. WE RECOGNIZE THAT WE ALL HARBOR PREJUDICES, BUT WE ARE DEDICATED TO CHALLENGING OURSELVES AGAINST THEM.

WE WILL NOT STAND FOR BIGOTRY OR OPPRESSION.

WE STAND FOR EMBRACING, CELEBRATING, AND EDUCATING.

X _____
SIGNATURE DATE

PICK AN ADVISOR:



ANNE



SCOTT



ANJEL



JEREMY



STEPHANIE



PLAN B

(IF YOU WANT TO WAIT ON THIS, YOU CAN DECIDE ON AN ADVISOR LATER)

DID YOU LOOK OVER THE SCHEDULE? WHAT CLASSES DO YOU WANT TO TAKE? LIST YOUR CHOICES IN ORDER OF IMPORTANCE. WE TRY TO GIVE YOU YOUR FIRST CHOICES, BUT SOMETIMES THE CLASSES ARE FULL.

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____

